



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

45

647.7916  
Job Sheet 181370



Part No: 647.7916

Job Qty: 50 ea

Part Name: Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 7/26/18

Job Tracking No:

Due Date: 9/10/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV N/C SHEET 7 IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 50 Ea  | 9/10/18    | 9/10/18  | 0.00      | 0.00    | Start Up Waterjet     |           | SC 18/08/09 |
| 110   | Waterjet           | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 2.26    | Waterjet1             |           | SC 18/08/09 |
| 120   | QC                 | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC2 Waterjet-1        |           | SC 18/08/09 |
| 130   | QC                 | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC8-1                 |           | 38 18-08-10 |
| 140   | Brake NC           | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 3.19    | Brake NC 1            |           | 9-88 38 DAS |
| 150   | QC                 | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC5                   | DAS 13 5  | 38 9-89     |
| 160   | Outsource          | 50 pcs | 9/10/18    | 9/10/18  |           |         | ATG001-VC             |           | SEP 04 2018 |
| 170   | Packaging          | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | Packaging2            | 9-89      | SEP 04 2018 |
| 180   | QC                 | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC5                   |           | SEP 04 2018 |
| 190   | SprayPaint         | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 2.42    | Spray Paint           |           | SEP 04 2018 |
| 200   | QC                 | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC14                  |           | SEP 05 2018 |
| 210   | Packaging          | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | Packaging3-1          | CCK 116   | SEP 05 2018 |
| 220   | QC21-SA            | 50 Ea  | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC21                  |           | SEP 05 2018 |

Part Op 110 - 1-Cut as per Dwg Dwg Rev: NC Prog Rev: NC 2-Deburr if necessary  
Descriptions: 160 - ISSUE P/O: \_\_\_\_\_ Hard Anodize, Color Black and Prime as per Dwg 647.7900  
190 - PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2) CARDINAL 4860-50 PRIMER  
BATCH: \_\_\_\_\_  
210 - \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

### Job BOM

| Part / Item  | Component Name     | Quantity             | Operation             | Container |
|--------------|--------------------|----------------------|-----------------------|-----------|
| M2024T3S.063 | 2024-T3 .063 Sheet | 2.1650 sf (.0433 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M2024T3S.063   | 2        | 86        | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NC _____<br><br>Date : _____<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="font-size: small;">Dart Aerospace Ltd.<br/>1270 Aberdeen Street<br/>Hewitsonbury, ON K64 1K7<br/>CANADA<br/>TEL.: 1 613 832-5200<br/>Email: sales@dartaero.com<br/>www.dartaero.com</p> </div> <div style="text-align: center; margin-top: 10px;"> <br/> <p><b>Container No: S100785</b></p> <br/> <p><b>Part: 647.7916</b></p> <p><b>Job No: 181370</b></p> <p><b>Serial No/Batch: S100785</b></p> <p>Revision: _____<br/>Inspector: _____<br/>Exp Date: _____<br/>Instructions: _____</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <h3 style="text-align: center;">DISPOSITION</h3> <div style="display: flex; justify-content: space-between;"> <div>             Rework <input type="checkbox"/><br/>             Scrap <input type="checkbox"/><br/>             Use-as-is <input type="checkbox"/><br/>             Suspected Unapproved <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> </div> | <h3 style="text-align: center;">AGAINST DEPARTMENT/PROCESS</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Cross tube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Disposition</b></p> </div> | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Engineering <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
| Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Quality <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
| Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
| Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">MRB (QSI042) Approval</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">Completed By</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">Lead hand / Supervisor<br/>Approval Verification</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">QC / QA Coordinator<br/>Approval</p> </div>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
| <h3 style="text-align: center;">CATEGORY</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set<br/> <input type="checkbox"/> Mislabeled<br/> <input type="checkbox"/> Fit/Function<br/> <input type="checkbox"/> Misaligned/off center             </td> <td style="width: 33%;"> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave<br/> <input type="checkbox"/> Cuffs<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Heat Treat<br/> <input type="checkbox"/> Wave/Twist in Tube<br/> <input type="checkbox"/> Marks/Chatter             </td> <td style="width: 33%;"> <input type="checkbox"/> Broken/Damage/Detect<br/> <input type="checkbox"/> Inspection Incomplete/Unqualified<br/> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Countersink<br/> <input type="checkbox"/> Cut Too Short<br/> <input type="checkbox"/> Instructions Incomplete/Unclear<br/> <input type="checkbox"/> Drill Holes             </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Power Loss/Surge<br><input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Fit/Function<br><input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Wave/Twist in Tube<br><input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Broken/Damage/Detect<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Drill Holes |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
| <input type="checkbox"/> Power Loss/Surge<br><input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Fit/Function<br><input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Wave/Twist in Tube<br><input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Detect<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Drill Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">                 Equip/Tooling <input type="checkbox"/><br/>                 Handling/Pre <input type="checkbox"/><br/>                 Material <input type="checkbox"/><br/>                 Internal Transport <input type="checkbox"/><br/>                 Tribal Knowledge <input type="checkbox"/><br/>                 LOA <input type="checkbox"/><br/>                 Substation <input type="checkbox"/><br/>                 Past Expiry Date <input type="checkbox"/><br/>                 Misidentified <input type="checkbox"/> </td> <td style="width: 50%;">                 Supplier <input type="checkbox"/><br/>                 Training <input type="checkbox"/><br/>                 Use for Testing <input type="checkbox"/><br/>                 Poor Information <input type="checkbox"/><br/>                 Rushing <input type="checkbox"/><br/>                 Product Improvement <input type="checkbox"/><br/>                 Process Improvement <input type="checkbox"/><br/>                 Manufacturing Process <input type="checkbox"/><br/>                 Past Due <input type="checkbox"/> </td> </tr> </table>                                                                                                                | Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/>                                                                                                                                                                                               | Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 5px; min-height: 50px;"> <p style="text-align: center;">OTHER :</p> </div>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO040767**

**Supplier:** ATG001-VC  
A.T.G. Industries Inc  
731 INDUSTRIELLE ROAD  
ROCKLAND  
ON  
K4K 1T2 Canada  
Phone: 613-446-4544  
Fax: 613-446-4556

**Attention:** Lalonde, Marc-Andre

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO040767

**PO Date:** 8/17/18

**Due Date:** 8/29/18

**Purchase Order**

**Revision:**

**Revision Date:**

**Ship-To Contact:** Phone:

**E-MAILED**  
AUG 20 2018

**Via:** Ground

**Pymt Terms:** Net 30

**Freight Terms:**

**Special Comments:**

## Items

| Line Item        | Job    | Part     | Description                                                                                     | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|------------------|--------|----------|-------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 1                | 181370 | 647.7916 | Bracket<br>ISSUE<br>P/O: _____<br>Hard Anodize, Color Black<br>and Prime as per Dwg<br>647.7900 | Firmed | -       | 8/29/18  | 51 pcs         | 0 pcs             | 51 pcs  | \$10.45/pcs      | \$532.95       |
| 51 X AUG 31 2018 |        |          |                                                                                                 |        |         |          |                |                   |         |                  |                |
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A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 915897

Date: 30-Aug-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chrisoula Tsimiklis  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Ship Via     |                         |
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| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Description                                                                                                                                                                                                                           |              |                         |
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| 51<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part: 647.7916<br>Bracket<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4 mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.001" (.6 - .9 mils) per drawing.<br>Job: 23591 | Rev: NC      | PO: PO040767<br>Line: 1 |
| <p><b>CERTIFICATE OF CONFORMANCE</b><br/>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.</p> <p>Date: <u>30/8/18</u></p> <p>Certified Signature: <u>[Signature]</u></p> <p>Receiver Signature: _____</p> <p>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.</p> <p>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.</p> |                                                                                                                                                                                                                                       |              |                         |
| Made in Canada.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       |              |                         |